Article Number	COMPLETE THIS SECTION ON DELIVERY	N DELIVERY
	A. Received by (Please Print Clearly)	B. Date of Delivery
	C. Signature	Agent
9414 7266 9904 2051 9805 58	D. Is delivery address different from item 1? If YES, enter delivery address below:	
3. Service Type CERTIFIED MAIL®	SOLS WAY S	
4 Restricted Delivery? (Extra Fee)	30 02 3	
1 Article Addressed to:	12 CO 2518 6 800.	
15CV001591 L	CLERK OF COURT	
ALLIANCE SECURITY INC		
- 60 JEFFERSON PARK ROAD WARWICK RI 02888	CLERK OF COURTS Lake County	

Domestic Return Receipt

PS Form 3811, January 2005

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